

## PART B - FEE(S) TRANSMITTAL

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7599

01/12/2010

KELLEY DRYE & WARREN LLP  
 400 Atlantic Street, 13th Floor  
 Stamford, CT 06901

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
10/549,142	02/05/2007	Leonid Kalika	STRX-109(P)(US)	6'04

TITLE OF INVENTION: SELF-CONFIGURING, SELF-OPTIMIZING WIRELESS LOCAL AREA NETWORK SYSTEM

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Y/F	\$755	\$300	\$0	\$1055	04.12.2010
EXAMINER	ART UNIT		CLASS-SUBCLASS			
NG, CHRISTINE Y	2464		370-33500			

1 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

Change of correspondence address (or Change of Correspondence Address form PTO/SB-12) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kelley Drye & Warren LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Strix Systems, Inc.

Calabasas, CA

Please check the appropriate assignee category or categories (will not be printed on the patent)  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted

4b. Payment of fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

A check is enclosed.

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0604 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

Date April 18, 2010

Typed or printed name

Anatoly Frenkel

Registration No. 54,106

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